24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E) FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)		
Conservative Campaign Committee		C C00495010
		0 00040010
Check if Z 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee	Dat	te of Public Distribution/Dissemination
Mr Joe (Joseph) Wierzbicki		07 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1501 15th Street	Am	nount
Apt. 4		
City State Zip Co		1500 ansaction ID : 142436
		te of Disbursement or Obligation
Purpose of Expenditure 7/2 to 7/7 Facebook Advertising Cate	gory/ Type	07
Name of Federal Candidate	Support Office Sou	ught: House District:18
Michael Flynn		sident Senate State: IL
Calendar Year-To-Date Per Election for Office Sought	Disbursem 2015	nent For: Primary General Other (specify) •
Full Name of Payee	Da	te of Public Distribution/Dissemination
		M = M / D = D / Y = Y = Y
Mailing Address		
	Am	nount
City State Zip C	ode	
	Da	ite of Disbursement or Obligation
Purpose of Expenditure Cate	gory/	M - M / D - D / Y - Y - Y
	Type	
Name of Federal Candidate	Support Office Sou	ught: House District:
	Oppose Pres	sident Senate State:
Calendar Year-To-Date	Disbursen	nent For: Primary General
Per Election for Office Sought		Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	······	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
(-,	•	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Kolly Lawlar		
Kelly Lawler [Electronically F	iled] Date 07	02 2015
Signature		